



SMITH & LOVELESS INC.

FIELD INSPECTION & SERVICE REPORT

FAST® Wastewater Treatment System

INSTALLATION				AUTHORIZED SERVICE PROVIDER	
Installation Address				Name	
Owner Name				Street	
Mail Address				Mail Address	
City	State	Zip	City	State	Zip
Phone	Fax		Phone	Fax	
e-mail			e-mail		
INSTALLATION INFORMATION					
Model No.	Blower Brand and Size	Serial No.	Date of Installation	Date of last pump-out	
EQUIPMENT OPERATION	YES	NO	DETAILED COMMENTS OF SITE CONDITIONS – MAINTENANCE PERFORMED OR REQUIRED		
Electrical Panel(s)					
Visual Alarm Operating					
Audio Alarm Operating (if present)					
Blower(s):					
Air Inlet Filter Clean					
Blower Hood Vents Clear					
Excessive Noise					
Excessive Vibration					
Treatment Unit(s):					
Unusual Odor					
System Vent					
Pumpout Required:					
Primary Settling Zone					
Aerobic Treatment Zone					
EFFLUENT:	LIMIT	RESULT			
Estimated Daily Flow					
pH (Standard Units)	6-9 S.U.				
Color	Clear				
Temperature					
Dissolved Oxygen (effluent)	2 mg/L				
Odor	Slightly Musty odor (not septic)				
OWNER SIGNATURE		TECHNICIAN SIGNATURE		SERVICE DATE	